CIP LUNCH & LEARN
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Medication-Assisted Treatment: Challenges for the Courts

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TODAY'S DISCUSSION

1) Empirical support for MAT
2) Elements of effective MAT programs
3) Stigma and misconceptions about MAT
4) Need for community-based interventions

TOPICS TO COVER

Affiliations & Conflicts

Clinical and Forensic Psychologist
Assistant Professor at Marshall's JCESOM
President of the West Virginia Psychological Association

Paid consultant and expert witness
Have received grant support for MAT-related projects
Have worked for Prosecution, Defense, Guardians ad Litem
NOT paid by or conducting research for any drug companies
Have worked as a treatment provider and have evaluated individuals on MAT

WHAT IS MEDICATION ASSISTED TREATMENT?

MAT is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. Medication *assists*, but does not replace, treatment.

OPIOID USE DISORDER

OUD is a problematic pattern of opioid use leading to clinically significant impairment or distress. Severity ranges from mild to severe and is based on the number of criteria met by the individual, the more criteria, the more severe. Used to be referred to as "abuse" and "dependence"

The biggest underlying challenge -

"Is someone on MAT 'sober'?"

90%

OF INDIVIDUALS WITH OPIOID USE DISORDER WILL RELAPSE

Medication keeps people in treatment, helps people stay abstinent from other drugs, and reduces the risk of infectious disease, overdose, and death.

Research has shown that when provided at the proper dose, medications used in MAT have ***no adverse effects*** on a person's intelligence, mental capability, physical functioning, or employability.

EMPIRICAL SUPPORT FOR MAT

Level I: At least one properly conducted randomized controlled trial, systematic review, or meta-analysis

2012 NIH-funded literature review of **2000+** studies in MEDLINE and Cochrane Database of Systematic Reviews

MAT meds more effective than traditional detox meds or abstinence for detox and long term maintenance: retention, abstinence, mortality

Agencies Supporting the Use of MAT

SAMHSA

CDC

NIH/NIMH

DEA

American Medical Association

American Psychiatric Association

American Psychological Association

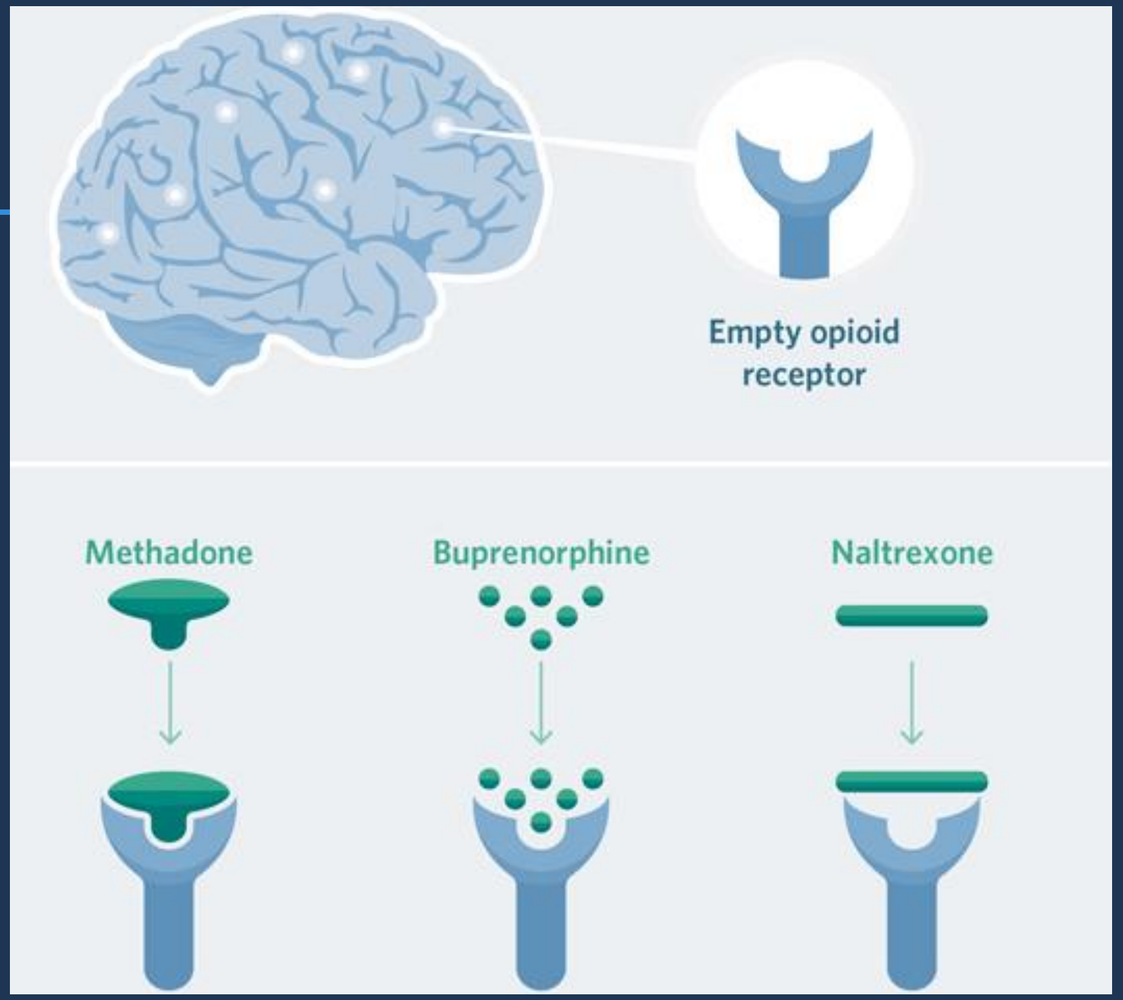
National Alliance on Mental Illness

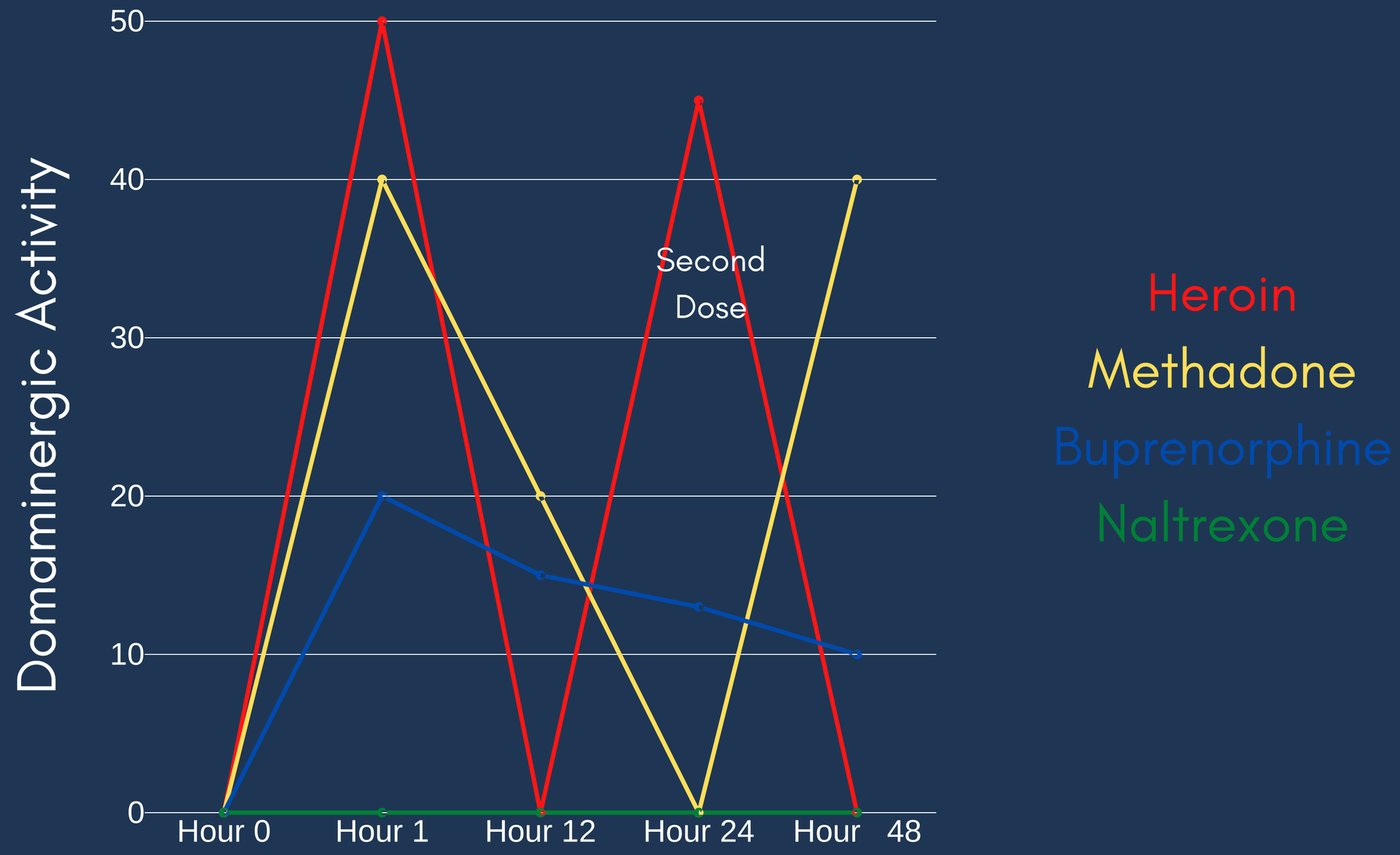
Bottom Line

In the medical community, the use of MAT for primary OUD is no longer considered controversial. In addition, it is widely considered to be safe and effective for uncomplicated opioid dependence (pain management) and pregnant/breastfeeding women.

UNDERSTANDING MAT

Medications are either agonists (fill the receptor sites and stimulate similar effects) or antagonists (fill the receptor sites and block effects)




Domaminergic Activity
50
40
30
20
10
0
Hour 0
Hour 1
Hour 12
Hour 24
Hour 48
Second Dose
Heroin
Methadone
Buprenorphine
Naltrexone

ELEMENTS OF EFFECTIVE MAT PROGRAMS

Physical Evaluation
- Referrals to OB/GYN, Infectious Disease

Comprehensive Psychosocial Assessment
- Vocational, Educational, Housing

Individual Counseling
- Refer for specialized mental health treatment

Monitoring
- UDS, Pill/Strip Counts, Witnessed Dosing

MAT Regulation
Title 21 Controlled Substances Act
42 C.F.R. Part 8

MAT Expansion
DATA 2000
SUPPORT Act

Guidelines
Federal Guidelines OTP 2015
Federation of State Medical Boards
Model Policy

State of W.Va.
W.Va. Code §16-5Y
BBH & OHFLAC OBMAT
BMS Medicaid Guidelines

ELEMENTS OF EFFECTIVE MAT PROGRAMS

Individualized Treatment
Treatment Milieu
"Outside" Recovery-Oriented Activities
Case Management
Peer Recovery Coaches
Integrated Counseling/Psychotherapy
Co-occurring Capable
Contingency Management

MYTHS ABOUT MAT

"ONE DRUG FOR ANOTHER"

People should not feel or act intoxicated on appropriate medication or dose for their needs.

INPATIENT REHAB IS "BETTER" THAN MAT

MAT is cheaper, more accessible, and takes less time to restore functioning than inpatient treatment for individuals with OUD.

PATIENTS SHOULD WEAN BY X TIMEFRAME

There is no evidence to suggest a maximum timeframe for MAT. Those in MAT for <12 weeks have similar outcomes as no treatment.

COLD TURKEY IS "BETTER" THAN MAT

People are more likely to relapse, drop out, and overdose when using abstinence vs. MAT. For pregnant women, withdrawal is unsafe for baby.

BUT, WAIT!

"I KNOW SOMEONE ON MAT WHO..."

REALITIES OF RECOVERY

People relapse, especially early in recovery
Substance use disorders are lifelong conditions
Co-occurring mental health conditions and poly substance use are the norm, not the exception
Many individuals in recovery are embedded in families and neighborhoods in which substance use is pervasive
Not everyone is ready to change
Not all programs offer the same level of support

MAT is not for everyone. MAT is a viable pathway to recovery that offers quick relief from withdrawal symptoms, allowing patients to focus on therapy and their personal goals. A person's MAT status should never be the sole, or even primary, determinant of their progress.

WARNING SIGNS

Looks or acts "high"

Poor hygiene, gaunt appearance, skin excoriations

Signs of snorting, injecting medication

Selling medication, failing pill or strip counts

Requests for more or different medication with no change in symptoms

Is prescribed other controlled substances by the same doctor (especially benzodiazepines or stimulants)

Continues to use other illicit substances, seemingly without consequence

Travels to a state with fewer requirements and restrictions

Has insurance but pays cash

Cannot describe therapy or program policies in any meaningful detail

So, they should quit their meds and "get sober," right?

WELL...IT DEPENDS

TROUBLESHOOTING MAT

Change med, dose
Increase therapy
Refer for addt'l services

Change programs,
but stay in MAT

ASAM Assessment for
higher level of care

COMMUNITY BASED INTERVENTIONS

Rallying existing community infrastructure to identify and address gaps in service from "treatment as usual."

Breaking down silos between "treatment" and agencies serving our patients and their families.

Reducing duplication of services and interference.

Providing supportive structure for parents reentering community life.

Providing continuity for drug-endangered children and their carers, typically extended family.

What does that look like?

ONGOING COMMUNICATION

Participating programs utilize a singular medical records system, treatment team meetings, and/or regular coalition meetings.

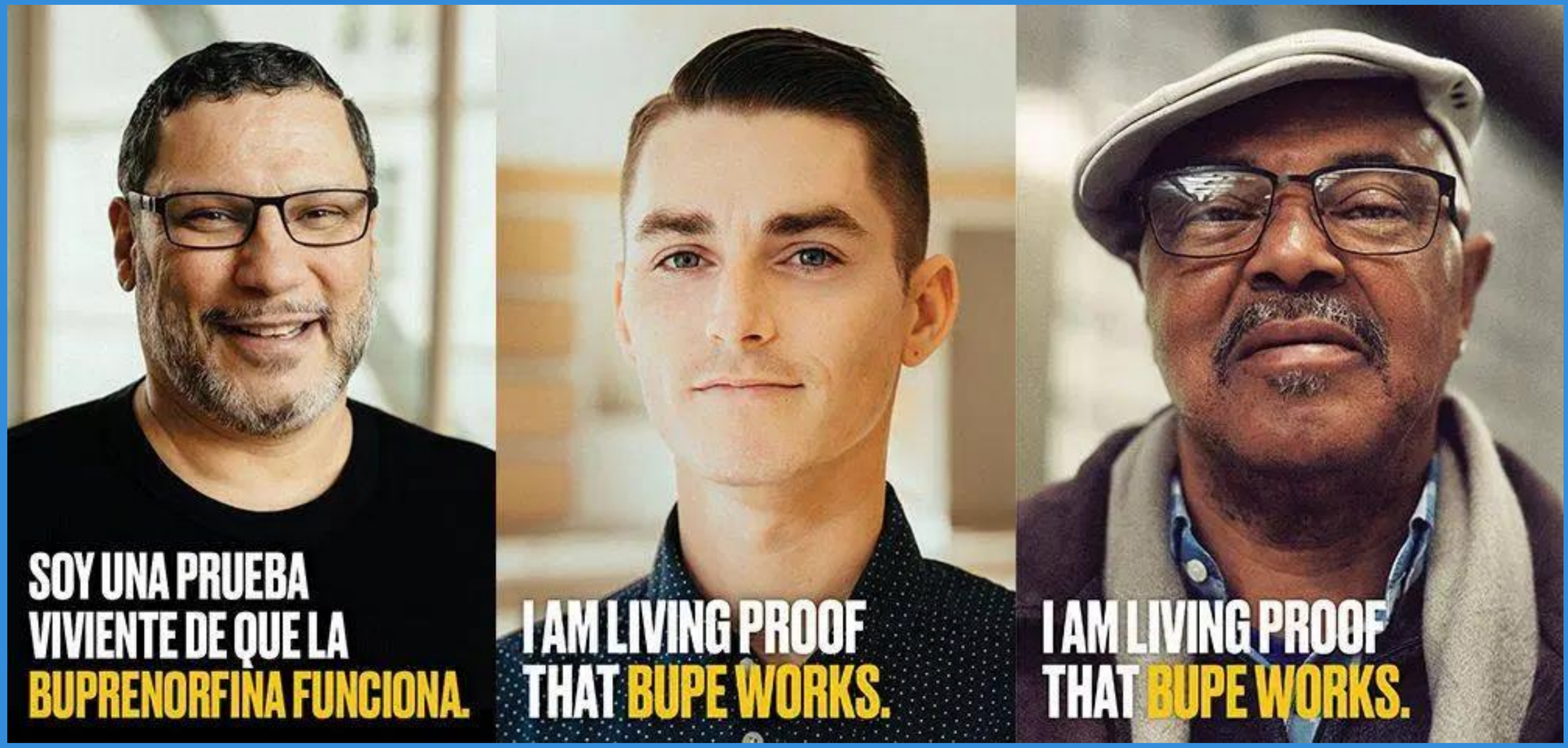
CENTRALIZED HUB

A single location houses multiple programs, unified phone number, website, social media.

FAMILY NAVIGATORS

Full time professional "freelance case managers" who follow families regardless of treatment provider and custody situation.

"We are still getting sober."
"We are clear-headed."
"We don't think differently than sober people."
"[MAT] is not a recreational drug."
"It don't impair you."
"It allows you to be present with your children."
"There are rules we have to follow in treatment."
"Addiction is a disease."
"Quitting [MAT] can lead to relapse."
"Some people can leave sober lives [on MAT] long term."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Questions?

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